## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

3866P009

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |                                       |                               |                           |                                    |          | SMALL ENTITY TYPE |                        |         | OTHER THAN<br>OR SMALL ENTITY |                        |
|--|--|---|---------------------------------------|-------------------------------|---------------------------|------------------------------------|----------|-------------------|------------------------|---------|-------------------------------|------------------------|
| TOTAL CLAIMS   |  |   | 7-3                                   |                               |                           |                                    |          | RATE              | FEE                    |         | RATE                          | FEE                    |
| FOR  |  |   | NUMBER FILED                          |                               | NUMB                      | ER EXTRA                           |          | BASIC FEE         | 370.00                 | OR      | BASIC FEE                     | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | +3 minus 20= *                        |                               |                           | 3                                  |          | X\$ 9=            |                        | OR      | X\$18=                        | 954                    |
| IND  | EPENDENT CL  | AIMS                                      | ر minus 3 =  * ا                      |                               |                           |                                    |          | X42=              |                        | OR      | X84=                          | 84                     |
| MU   | LTIPLE DEPEN   | RESENT                                    |                                       |                               |                           |                                    | +140=    | <u> </u>          | OR                     | +280=   |                               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                                       |                               |                           | ı                                  | TOTAL    |                   | OR                     | TOTAL   | RFF                           |                        |
| CLAIMS AS AMENDED - PART II  |  |   |                                       |                               |                           |                                    |          |                   |                        |         | OTHER                         | THAN                   |
|  |  | (Column 1)                                | (Column 2)                            |                               |                           | (Column 3)                         |          | SMALL             | ENTITY                 | OR      | SMALL                         | ENTITY                 |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY              | PRESENT<br>EXTRA                   |          | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | **                            |                           | =                                  |          | X\$ 9=            |                        | OR      | X\$18=                        |                        |
|  | Independent  | *   | Minus                                 | ***                           |                           | =                                  |          | X42=              |                        | OR      | X84=                          |                        |
|  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEP                           | ENDEN                         | CLAIM                     |                                    | <b>.</b> | +140=             |                        | OR      | +280=                         |                        |
|  |  |   |                                       |                               |                           |                                    |          | TOTAL             |                        |         | TOTAL                         |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                                       |                               |                           |                                    |          | ADDIT. FEE        |                        | OR      | ADDIT. FEE                    |                        |
| $\Box$   |  | (Column 1)<br>CLAIMS                      |                                       | (Colu                         |                           | (Column 3)                         | 1 ו      |                   | ADDI-                  |         |                               | ADDI-                  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | PREVI                         | IBER<br>OUSLY<br>FOR      | PRESENT<br>EXTRA                   |          | RATE              | TIONAL                 |         | RATE                          | TIONAL<br>FEE          |
|  | Total  | *   | Minus                                 | **                            |                           | =                                  |          | X\$ 9=            |                        | OR      | X\$18=                        | _                      |
|  | Independent  | *   | Minus                                 | ***                           |                           | =                                  | ]        | X42=              |                        | OR      | X84=                          |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                       |                               |                           |                                    | J        | +140=             |                        |         | +280=                         |                        |
|  |  |   |                                       |                               |                           |                                    |          | TOTAL             |                        | OR      | TOTAL                         |                        |
|  |  |   |                                       |                               |                           |                                    |          |                   |                        | OR      | ADDIT. FEE                    |                        |
| _  |  | (Column 1) CLAIMS                         | N 7 1888 - 2750                       |                               | mn 2)<br>IEST             | (Column 3)                         | ٦.       |                   |                        | ı       |                               |                        |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUM<br>PREVI                  | MBER<br>OUSLY<br>FOR      | PRESENT<br>EXTRA                   |          | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | **                            |                           | =                                  |          | X\$ 9=            |                        | OR      | X\$18=                        |                        |
|  | Independent  | *   | Minus                                 | ***                           |                           | =-                                 |          | X42=              |                        |         | X84=                          |                        |
|  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEPENDEN                      |                               | T CLAIM                   |                                    | ]        | X12-              |                        | OR      |                               |                        |
| +140=  |  |   |                                       |                               |                           |                                    |          |                   |                        | OR      | +280=                         |                        |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                                       |                               |                           |                                    |          |                   |                        |         |                               |                        |
| **   | *If the "Highest Nu<br>The "Highest Nun  | imber Previously F<br>nber Previously Pa  | raid For" IN THI<br>aid For" (Total o | s SPACE<br>r Independ         | ıs iess th<br>dent) is th | an 3, enter "3."<br>e highest numb | er fo    | und in the ap     | propriate bo           | x in co | olumn 1.                      |                        |